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134644 STATE OF SOUTH CAROLINA BEFORE THE **PUBLIC SERVICE COMMISSION** (Caption of Case) OF SOUTH CAROLINA Example: Application for a Class C Charter Certificate from John Doe dba Doe's Llmo TRANSPORTATION COVER SHEET REQUEST TO CANCEL CLASS C TAXI DOCKET CERTIFICATE 2008 NUMBER: JAN 182012 Newberry Taxi, Inc. If this is your first time filing en application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. (Please type or print) relephone: Submitted by: **Qther:** NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply) Request for Name Change on Certificate Application - Class A/A Restricted Request to Amend Scope of Authority Application - Class C Taxi Request to Amend Tariff (rate increase, etc.) Application - Class C Charter Request to Amend Passenger Limit Application - Class C Charter Bus Request Application - Class C Non-Emergency Exhibit Application - Class C Stretcher Van Late-Filed Exhibit Application - Class E Household Goods Letter Application - Class E Hazardous Waste Proposed Order Application Publisher's Affidavit Request for Extension to Comply with Order Reservation Letter Request for Order Granting Authority to Obtain a Certificate

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



of Public Convenience and Necessity to be Rescinded

1 1

|X| Request for Cancellation of Certificate

Request for Suspension

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Request for Reinstatement

Reset Form

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Response

Other:

Return to Petition



Request for Cancellation of Certificate

File the original with:

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Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
POATE:	
Please consider this a request to cancel to	my:
Class C Taxi Certificate	Sheestricted Certificate
Class C Charter Certificate	JAN 1
Class C Charter Bus Certificate	T, T, W, W, W
Non-Emergency Certificate	"WW
Class E Household Goods Certifica	te RECEIVET
Class E Hazardous Wastes Certific	RECEIVED AN 1 9 2012
My Certificate Number is 7992	CLERESCISC
NEWBERRY TAXI, INC (Name of Company)	DBA N/A (If-applicable)
(Street Address)	(Mailing Address if different from Street Address)
(City, State, Zip Code)	(City, State, Zip Cøde)
Telephone Number)	Dellie all
	(Title) Owner, President, etc.

ORS Revised 2-18-10